

Title: The Outbreak of the Century: A Chronicle Experience by a Medical Intern

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Discussion Points:

1. Having been a fresh medical intern just graduating a couple of months back and getting involved in delivering healthcare during such a crisis is an experience which has got me excited and equally anxious at the same time.
2. The covid-19 times have made me realize what exactly I signed up for when I got the degree of being a doctor.

3. In these times of crisis, it is important to maintain a balance between the need for strict control measures and the need to maintain the harmony between various stakeholders at the forefront of the control measures.

4. In times when the entire existence of humanity stands at trial, we can only rely on the power of unity in diversity.

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1 THE EXPERIENCE.

2
3 Throughout the history it has been established evident, when men try to control nature, it drags them to their
4 knees with a discovery of something virulent.

5
6 It was the dawn of a new decade with mankind on a journey to upgrade their lives both online and offline,
7 when the current outbreak of a new type of coronavirus (Covid-19) originating from the Wuhan province of
8 china initiated a global health emergency with a rising death toll. The outbreak, as first reported in December
9 2019, has now spread in almost the entire world, affecting 215 countries and taking away the lives of more
10 than three hundred thousand people worldwide and counting. In India, although cases started appearing late
11 as compared to other countries, a population of 1.3 billion across diverse states, health inequalities, wide
12 economic and social disparities, and distinct cultural values present unique challenges. Every challenge
13 teaches people new ways to cope with, and in these months, we have all experienced an upending in our
14 lives.

15
16 As a newborn medical intern, I never thought of experiencing such a crisis so early in my life. Having my
17 rotation in the Departments of Emergency Medicine and Pulmonary Medicine during the peak of this outbreak
18 was an experience which got me excited and anxious at the same time, making me realize what exactly I
19 signed up for when I got the degree for being a Doctor.

20 21 *“Maintaining order in chaos and the fear of impending doom”*

22 In my initial days, I was posted in the Department of Emergency Medicine for the night shifts. Although news
23 of the COVID outbreak from China was prevalent, none of us as healthcare professionals ever thought that
24 this could reach our workplaces, remolding a place of learning into stillness and fear.¹ The influx of the
25 patients was mainly due to road traffic accidents (RTA); still, there was lurking fear amongst the hospital staff
26 that the virus is only a doorstep away, could enter any moment and we can do nothing except deliver our
27 utmost care to the patient. With a setup of triage, initial protocols ordained that all patients and attendants be
28 questioned about their travel history and symptoms of virus infection.² The patient entering the trauma center
29 is itself an emotional victim fallen prey to the lackadaisical emergency system because of which he is
30 repeatedly being referred from one trauma center to another. In such a situation, it becomes challenging to
31 ask questions. Some patients even started doubting our code of ethics and willingness to provide treatment. It
32 seems the sacred trust in the doctor-patient relationship gets severely affected in these times of crisis.

33 34 *“The last sip of nervous breakdown”*

35 Due to the imposition of the nationwide lockdown, the usual RTA cases were now in decline. But after some
36 days, we encountered patients being brought to the emergency with profuse sweating, vomiting and
37 sometimes hallucinating, indicating a diagnosis of alcohol withdrawal. There was a sudden spurt of alcohol
38 withdrawal cases in view of the lockdown resulting in the closure of bars, pubs and liquor shops. In response,
39 some state authorities issued orders directing patients suffering from these symptoms to approach only
40 doctors in public hospitals to acquire passes for obtaining liquor.³ This resulted in local medical associations

approaching the courts against this order and obtaining a stay.⁴ Such situations also test the harmony between various stakeholders at the forefront of covid-19 control measures.

“The season of virus transmission”

Towards the end of my rotation in emergency duties, I was having fever along with fatigue and headache at regular intervals. The initial thought was, it may have been exertional pyrexia, but fears of having been infected by the deadly covid-19 virus was there. I was keeping a close track of all the patients I had come in contact with started practicing social distancing, limiting my interaction with others to a minimum. This routine kept going until a senior doctor noticed blisters in my right ear lobule. He immediately diagnosed me with chickenpox, wrote me a prescription for it and advised for isolation. Hearing this news that I had been carrying a relatively contagious virus came as a surprise. Luckily, I was diagnosed early; hence no one who came across me during the posting got affected. It was the season of transmission of viruses like varicella as well; I could not help but remember that 7-day post-partum lady who had come with complaints of blisters in her forearm and was diagnosed with same in the Emergency department. After successfully recovering, I was able to resume my duties in the Department of pulmonary Medicine.

“What has changed and what to expect in future”?

The hospital had setup triage screening for every patient visiting the outpatient department and protocols for screening for symptoms of Covid-19. A mandatory pulmonary consultation was given to all patients coming through emergency room (ER) with travel history outside the city with red zones and orange zones.⁵ As our hospital was one of the first in the nation to open a dedicated covid-19 hospital,⁶ most of the doctors in pulmonary medicine had their job cut out. A month had passed and all proper guidelines were followed in the hospital regarding management of the patient in covid-19 times. Our university, like others have started conducting the undergraduate classes online with teachers coming to classrooms and recording the lectures.⁷ Though the medical course is getting covered up still a lot of my juniors have expressed their concerns regarding the importance of clinical rotation and Bed side learning⁸ along with the anxiety faced by them regarding the university exam for the next semester. The Covid19 times have also raised the issue of stress and burnout faced by the many interns like me and the junior non-resident doctors all over the world as the national level exam for entering into residency got postponed for an indefinite period of time.⁹ Many banners were set to educate the public about social distancing and personal hygiene. The ER was provided sufficient masks, gloves and personal protective equipment (PPE) kits required during management in triage. In the initial two months of the year 2020, no one would have presumed that soon this virus will be declared a pandemic and that every person in every nation would have to adapt and bring a significant change in their lifestyle in order to move on and stop this virus. We have to remain optimistic and drive our attention to become productive and prioritizing our physical as well as mental health.¹⁰ It is times like this when the whole humanity stands at trial and we get to see the power of unity in mankind¹¹ -the unity in diversity.

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1 FIGURES AND TABLES: - NIL

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